

*Healthy People. Healthy Communities.*

Department of Public Health & Human Services

EXHIBIT 3  
DATE 1/24/13  
HB None

## Presentation to the 2013 Health and Human Services Joint Appropriation Subcommittee

### DEVELOPMENTAL SERVICES DIVISION

Medicaid and Health Services Branch  
Department of Public Health and Human Services

Reference:

Legislative Fiscal Division Budget Analysis, Page B-103 – B-121

### CONTACT INFORMATION

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### OVERVIEW

The Developmental Services Division (DSD) assists Montanans with disabilities and children with emotional disturbances to live, work, and participate in their communities. The Division provides or contracts for institutional care, residential services, home based services to youth and families, case management, and a variety of employment related services.

The Division is organized into 3 major programs:

- Children's Mental Health Bureau (CMHB)
- Developmental Disabilities Program (DDP)
- Montana Developmental Center (MDC)

The Children's Mental Health Bureau (CMHB) supports Montana youth and families in accessing effective mental health care to meet their needs. The Bureau managed and funded mental health services for over 14,000 youth enrolled in Montana Medicaid in SFY 2012.

The Developmental Disabilities Program (DDP) provides leadership toward increasing choices and opportunities for people with developmental disabilities in their communities. The Program focuses on self-determination, individual participation, and employment opportunities, with services focused in these areas.

The Montana Developmental Center (MDC) provides residential care and treatment to improve, preserve, strengthen, and protect the health, well-being, and self-reliance of individuals. MDC's program prepares clients for discharge to appropriate community programs and is a critical component in the continuum of care for persons with developmental disabilities.

## **SUMMARY OF MAJOR FUNCTIONS**

**Children's Mental Health Bureau (CMHB)** is organized into a Central Office with 12 staff and five Regional Offices with 7 staff plus two more staff serving as State Wraparound Coordinators. The Central Office provides statewide utilization management of mental health services for youth under age 18, along with policy development and rule writing, training and technical assistance for providers, provider payment and processing, and federal reporting and compliance. Regional staff assist child and family teams to access resources, enroll youth into home and community services and approve those cost plans, and monitor provider compliance with state and federal regulations. All staff promotes youth and family stabilization/reunification efforts using family driven and community based values and practices.

**Developmental Disabilities Program (DDP)** typically contracts with private, non-profit, limited liability corporations to provide services to individuals with Developmental Disabilities. These service programs are located in communities throughout Montana and provide an array of residential and employment opportunities for adults, family education, and support services for children and their families based upon individual preferences, needs and abilities. An emphasis on human dignity and a conviction that each person is unique and capable of growth are the cornerstone beliefs of Montana's Developmental Disabilities Program. Developmental Disabilities like mental retardation, cerebral palsy, epilepsy and autism place significant obstacles in the way of individual growth and development. Montana's thrust for providing services to persons with Developmental Disabilities calls for self-determination and individual participation in life decisions about where to work, play and live. It also calls for community settings and integration with non-disabled people. These changes in service philosophy are a result of many factors including a growing concern for the rights of individuals, the effectiveness of advocacy groups, and the notable successes of people with Developmental Disabilities living and working in Montana's communities.

**Montana Developmental Center (MDC)** provides treatment to adults with intellectual disabilities who have been determined by a Montana District Court to be a danger to themselves or other people and in need of mandatory clinical and behavioral intervention to address these safety concerns. Comprehensive services are provided by a team of clinical professionals and direct support staff. MDC has a total of 68 licensed beds, 56 beds in the state-licensed and federally-certified Intermediate Care Facility for individuals with Mental Retardation (ICF-MR) and 12 beds in the state-licensed Intermediate Care Facility for individuals with Developmental Disabilities (ICF-DD). The ICF-MR is funded to serve 44 individuals.

- 80% of the individuals served have a co-occurring serious mental illness.
- 2% have been court-ordered for evaluation for fitness to proceed on criminal charges.

- 17% have been convicted of crimes, sentenced to DPHHS and placed at MDC to serve sentences.
- 75% have been civilly committed per the Developmental Disabilities Act (53-21, MCA).
- 6% are at MDC in a voluntary status pending discharge.

Since May 2011, MDC has been engaged in a comprehensive transformation effort. The vision is to transform MDC into a center of excellence providing intensive, short-term treatment based on evidence-based treatment strategies. Since July 2010, the average length of stay of clients has decreased from an average of 86 months to 40 months. MDC plays a critically-important role in the state-wide continuum of care for individuals with intellectual disabilities. As the new vision is actualized, MDC will play an even more vital role in providing acute stabilization, treatment, and discharge of individuals to community living settings.

## **FUNDING INFORMATION**

Funding of the Developmental Services Division:

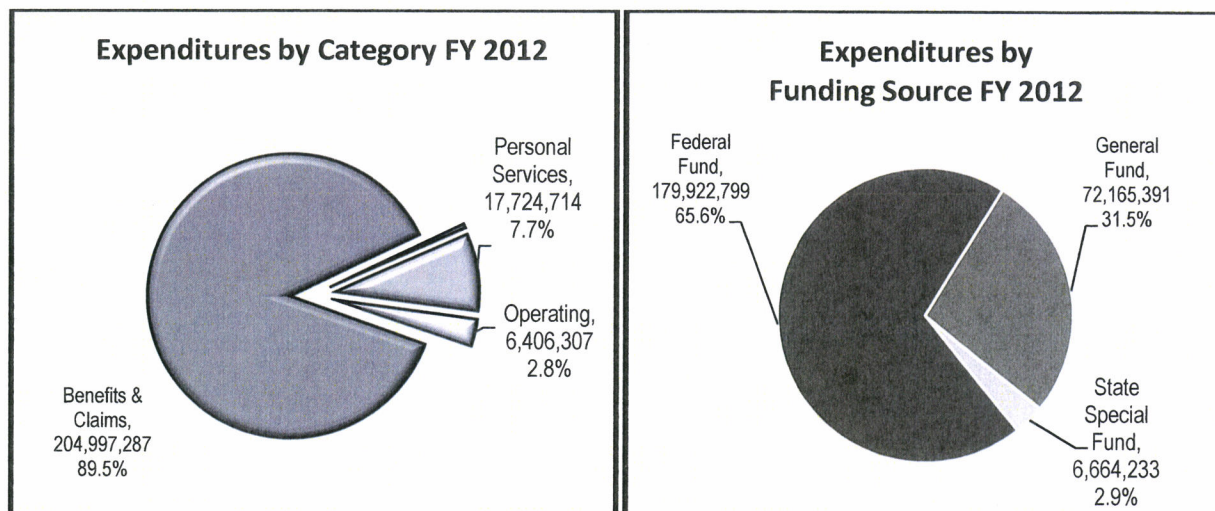
1. CMHB is funded almost entirely with federal Medicaid funds and associated matching state funds at the FMAP.
2. DDP is funded mostly with federal Medicaid funds and associated matching state funds at the FMAP. A large portion of funding for DDP services for non-waiver eligible services and individuals comes from federal Social Services block grant funds. The Early Intervention Program is funded with federal Part C funds (a capped federal grant) and maintenance of effort (MOE) state funds.
3. MDC is funded with general fund. Eligible services are then billed to Medicaid; the federal revenues are first used to pay off the bond and the balance is deposited into the general fund.

There are 354.91 FTE in DSD. Of these FTE, 19.15 are in the Children's Mental Health Bureau, 84.61 FTE in DDP and 251.15 at the Montana Developmental Center.

## FUNDING AND FTE INFORMATION

	SFY2012 Actual Expenses	SFY2014 Requests	SFY2015 Requests
	2012 Actual Expenditures	FY 2014 Request	FY 2015 Request
FTE	354.91	354.91	354.91
Personal Services	17,724,714	19,047,778	19,007,204
Operating	6,406,307	6,524,840	6,543,454
Grants	0	0	0
Benefits & Claims	204,865,266	233,239,871	246,858,149
Transfers			
	<b>228,996,287</b>	<b>258,812,489</b>	<b>272,408,807</b>
General Fund	72,165,391	81,799,216	85,821,775
State Special Fund	6,664,233	6,664,233	6,664,233
Federal Fund	150,166,663	170,349,040	179,922,799
	<b>228,996,287</b>	<b>258,812,489</b>	<b>272,408,807</b>
	0	0	0

THE FOLLOWING FIGURES PROVIDE FUNDING AND EXPENDITURE INFORMATION  
FOR FY 2012 FOR THE DEVELOPMENTAL SERVICES DIVISION





## **HIGHLIGHTS AND ACCOMPLISHMENTS DURING THE 2013 BIENNIUM**

### **Children's Mental Health Bureau (CMHB)**

**Growth of Comprehensive School and Community Treatment (CSCT)** On July 1, 2012 the Comprehensive School and Community Services (CSCT) program was transferred from the Health Resources Division (HRD) to the CMHB. As a result, CMHB will ensure CSCT is not duplicative of other Medicaid state plan mental health services. CSCT continues to grow at a rate of 20% each year with additional school teams enrolled to deliver this service, resulting in greater and easier access to mental health care in a school setting to more Montana youth with serious emotional disturbance (SED).

With the assistance of the Office of Public Instruction (OPI) and a workgroup composed of school personnel and CSCT providers, the CMHB has revised the CSCT rules to provide more clarity about what is expected in this service and to allow brief mental health interventions for youth who do not meet SED criteria.

**More youth have access to wraparound facilitation** Beginning July 1, 2011 the CMHB received grant funding from the Montana Mental Health Settlement Trust (MMHST) to increase the state's capacity to deliver high fidelity wraparound facilitation and caregiver peer to peer services. Eighteen months later, Montana has a State Wraparound Coordinator in Missoula, Great Falls and Billings along with 16 credentialed coaches and 35 credentialed wraparound facilitators. The state also has 6 individuals contracted to train and coach peer mentors for caregivers.

Wraparound facilitation and peer services have been reimbursed by Medicaid through the home and community based services (HCBS) waiver operated by the CMHB and will be reimbursed through the new 1915i state plan requested by the Department. Through 12/31/2012 169 youth and families have received Medicaid funded wraparound services along with additional youth and families through non-Medicaid funding including Juvenile Probation funds.

**Selection of a statewide functional assessment tool** On December 1 2011, the CMHB selected the Child and Adolescent Needs and Strengths (CANS) assessment as the state approved functional assessment with support from Montana's other child serving agencies. During 2012 this tool was customized for Montana into a comprehensive, trauma-informed assessment with approximately 110 items. During the first half of 2013 the state will develop an electronic data collection and reporting system for the CANS and will begin requiring the use of the CANS for youth enrolled in the 1915i state plan and youth admitted to psychiatric residential treatment facilities (PRTFs). Eventually, the CANS will be required for youth in therapeutic group homes, CSCT and home support services.

Other child serving agencies are exploring their opportunities to require the use of the CANS to more accurately identify youth and family needs and strengths and to link these to treatment plans and services. Eventually, there will be enough data points to evaluate whether the state funded services have improved outcomes for the youth and family by reducing their needs and by increasing their strengths.

**Co-occurring grant** Beginning October 1 2012 the CMHB received federal grant funding to support developing increased capacity to deliver integrated co-occurring services in a home or community setting to youth with both mental health and substance use disorders. Since Montana's mental health and chemical dependency treatment funding is appropriated separately into two different service systems, it is often challenging for youth to receive concurrent treatment for these needs. The goal of this initiative is to increase the workforce of dually trained providers who are qualified to address both problems in an integrated treatment model.

**Development of Youth Crisis Diversion** In November 2012 the CMHB received another grant from the MMHST to fund local and regional initiatives and projects that increase the state's capacity to divert youth crisis situations effectively. These initiatives may fund crisis intervention training (CIT) for law enforcement or may increase the ability of a shelter care facility to provide a safe and supportive environment to a youth with escalating behaviors for a brief time until his caregivers are ready to have him home again.

**Completion of the PRTF Demonstration Waiver project:** On September 30, 2012 the CMHB completed a five year demonstration waiver. Information from year 5 is incomplete at this date, but the following information is provided on the 91 unduplicated youth served in this waiver from 10/1/2007 through 9/30/2011:

Avg. #of days in waiver per enrollee	Avg. cost per day per enrollee	Total cost of waiver services provided during this period	Total cost of state plan services provided to youth enrolled in waiver
185	\$106	\$942,729	\$867,336

If the youth enrolled in this waiver has received services in a PRTF for the same number of days they were in the waiver, the cost would have been \$4,956,641. The most frequently used waiver services are: wraparound facilitation, home based therapy, and the family support specialist.

<b>Children's Mental Health Bureau Medicaid Services</b> <b>Children's Mental Health Expenditure Summary by Source SFY 2012</b>			
	SFY2012 Clients	SFY2012 Expenditures	Average Per Client
<b><u>Children's Mental Health (CMH)</u></b>			
CMH Medicaid Services	11,905	\$ 69,592,656	\$5,846
CMH Medicaid Comprehensive School & Community Treatment (CSCT)	3,660	\$ 23,838,962	\$6,513
- Subtotal CMH Medicaid Client Services	13,134	\$ 93,431,618	\$7,114
<b><u>Children's Mental Health Healthy MT Kids Plus (HMK+) **</u></b>			
HMK+ (CHIP funded Medicaid benefits through HRD)	1,569	\$ 4,209,993	\$2,683
HMK+ CSCT (funded through HRD)	506	\$ 2,302,144	\$4,550
- Subtotal HMK+ Expansion Client Mental Health Services	1,769	\$ 6,512,137	\$3,681
<b>Mental Health Unique Clients Served / Total Expenditures</b>	<b>14,184</b>	<b>\$ 99,943,755</b>	<b>\$7,046</b>

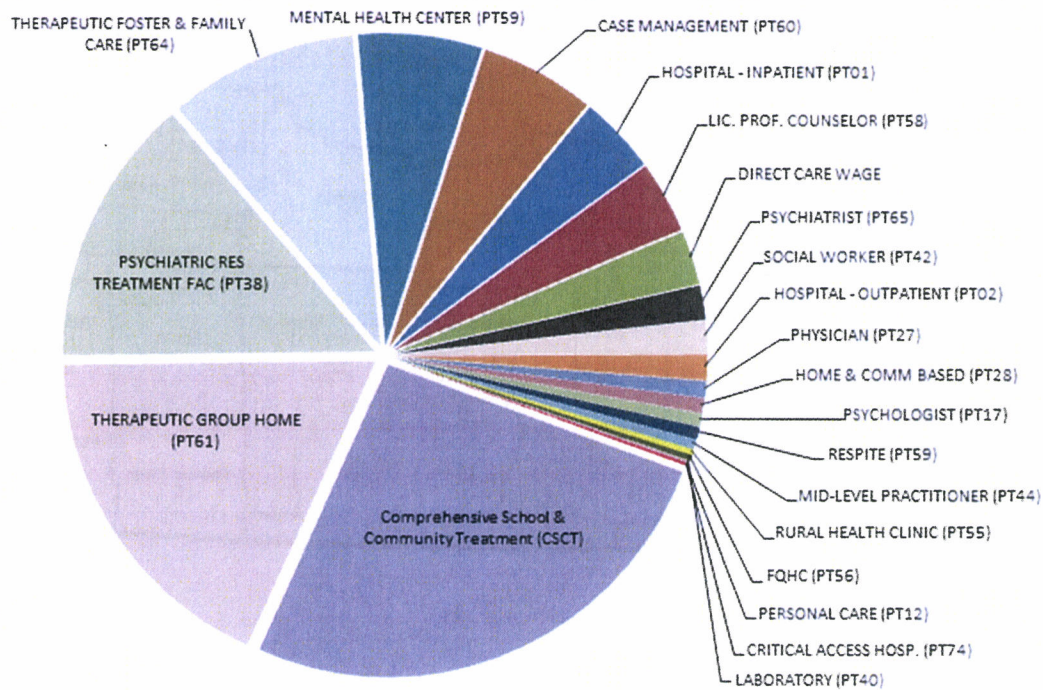
\*SFY 2012 Figures as of 10/23/2012. Based on Date of Service. Since providers have 365 days to bill, expenditures are only partially complete for SFY2012. Typically by this date, CMH expenditures are approximately 98% complete for the year (CSCT expenditures are closer to 99% complete).

\*\*All Healthy MT Kids Plus (HMK+) Medicaid expenditures are matched with CHIP funding and the CHIP match rate. All HMK+ Medicaid (CHIP funded) expenditures are paid through the Health Resources Division (HRD) and are not budgeted through the Children's Mental Health Bureau. The expenditures are shown in this section because they are mental health services managed within the Children's Mental Health Bureau. This provides the most complete picture of children's mental health services provided by DPHHS.



## MEDICAID MENTAL HEALTH YOUTH

### SFY 2012 To-Date Expenditures by Provider Type based on Dates of Service

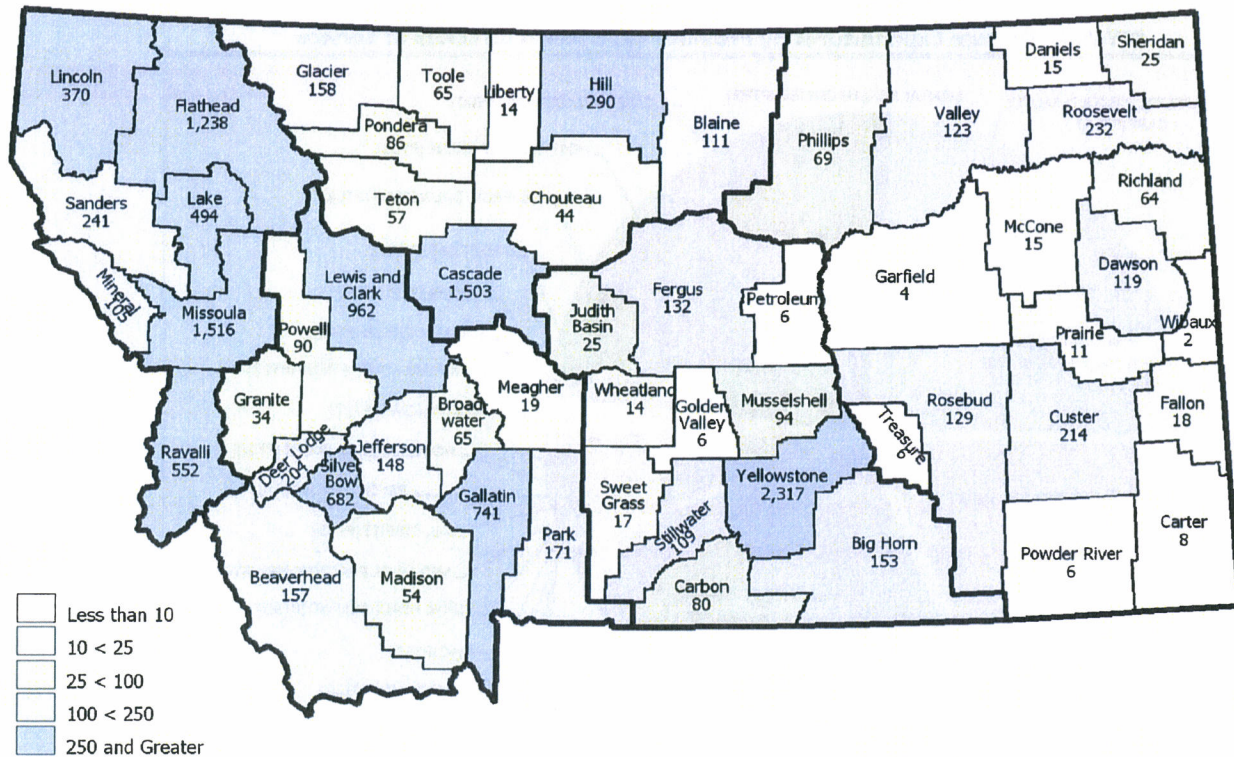


Service Expenditure	# Served	Expenditures	
* Comprehensive School & Community Treatment (CSCT)	4,024	\$ 26,141,105	26.2%
* THERAPEUTIC GROUP HOME (PT61)	599	18,052,413	18.1%
* PSYCHIATRIC RES TREATMENT FAC (PT38)	443	13,938,340	13.9%
* THERAPEUTIC FOSTER & FAMILY CARE (PT64)	1,352	9,793,334	9.8%
* MENTAL HEALTH CENTER (PT59)	2,415	6,435,186	6.4%
* CASE MANAGEMENT - MENTAL HEALTH (PT60)	4,017	5,951,009	6.0%
* HOSPITAL - INPATIENT (PT01)	620	4,006,168	4.0%
* LICENSED PROFESSIONAL COUNSELOR (PT58)	5,375	3,715,322	3.7%
* DIRECT CARE WAGE (CMHB) - Not a Service Type		2,798,118	2.8%
* PSYCHIATRIST (PT65)	3,075	1,777,570	1.8%
* SOCIAL WORKER (PT42)	3,076	1,662,996	1.7%
* HOSPITAL - OUTPATIENT (PT02)	2,302	1,326,441	1.3%
* PHYSICIAN (PT27)	4,070	853,492	0.9%
* HOME & COMM BASED SERVICES (PT28)	74	789,861	0.8%
* PSYCHOLOGIST (PT17)	1,211	678,680	0.7%
* RESPITE (PT59)	809	638,318	0.6%
* MID-LEVEL PRACTITIONER (PT44)	1,721	508,550	0.5%
* RURAL HEALTH CLINIC (PT55)	715	287,446	0.3%
* FEDERALLY QUAL HEALTH CENTER (PT56)	609	285,969	0.3%
* PERSONAL CARE AGENCY (PT12)	26	170,553	0.2%
* CRITICAL ACCESS HOSPITAL (PT74)	472	124,295	0.1%
* LABORATORY (PT40)	126	8,588	0.0%
<b>Total Children's Medicaid Mental Health and CSCT</b>	<b>14,184</b>	<b>\$ 99,943,755</b>	<b>100%</b>

† Expenditures through October 23, 2012 based on Date of Service. Providers have 365 days to bill.  
Includes CHIP funded HMK+ (CHIP funded Medicaid benefits).



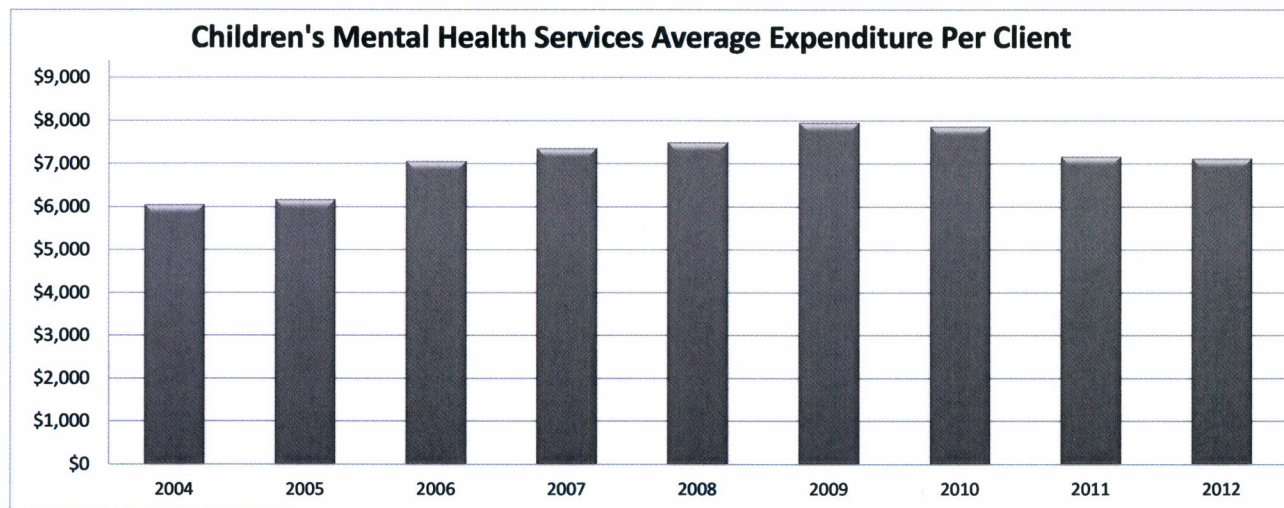
### FY2012 Number of Youth Served



## FY2012 Expenditures by County







## **Developmental Disabilities Program (DDP)**

**Increased Self Directed Services** The Developmental Disabilities Program increased the service array available to individuals in services and their families who self-direct their services with employer authority, adding services such as personal care, companion, home maker and support broker.

**Crisis Team Expansion** The Developmental Disabilities Program increased the crisis response for community providers by adding additional crisis workers to help providers with individuals with challenging behaviors.

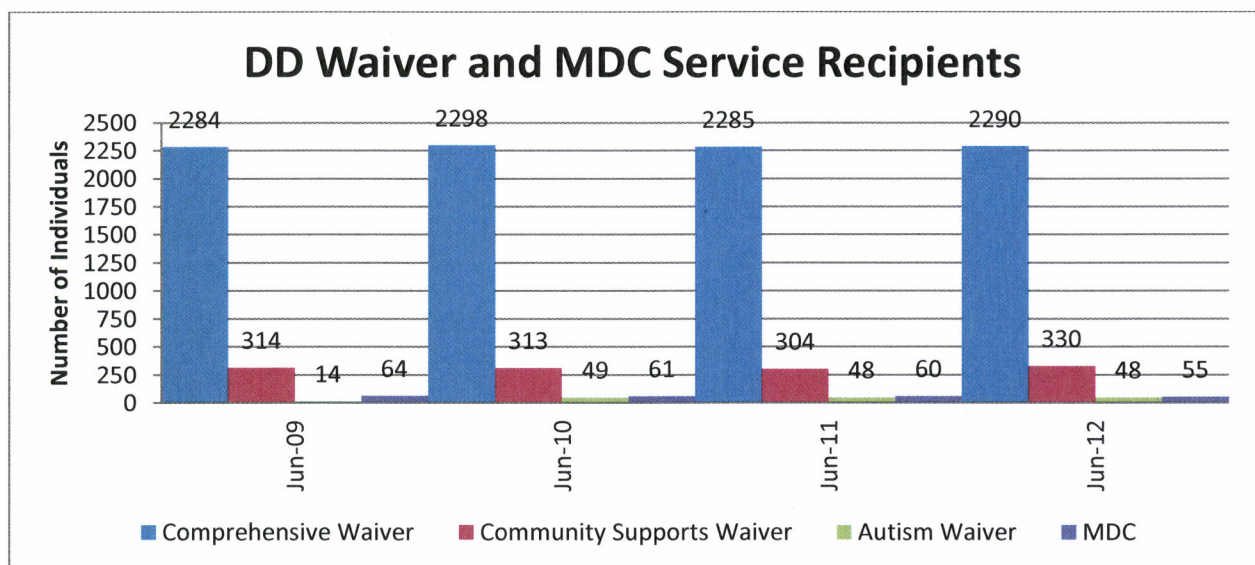
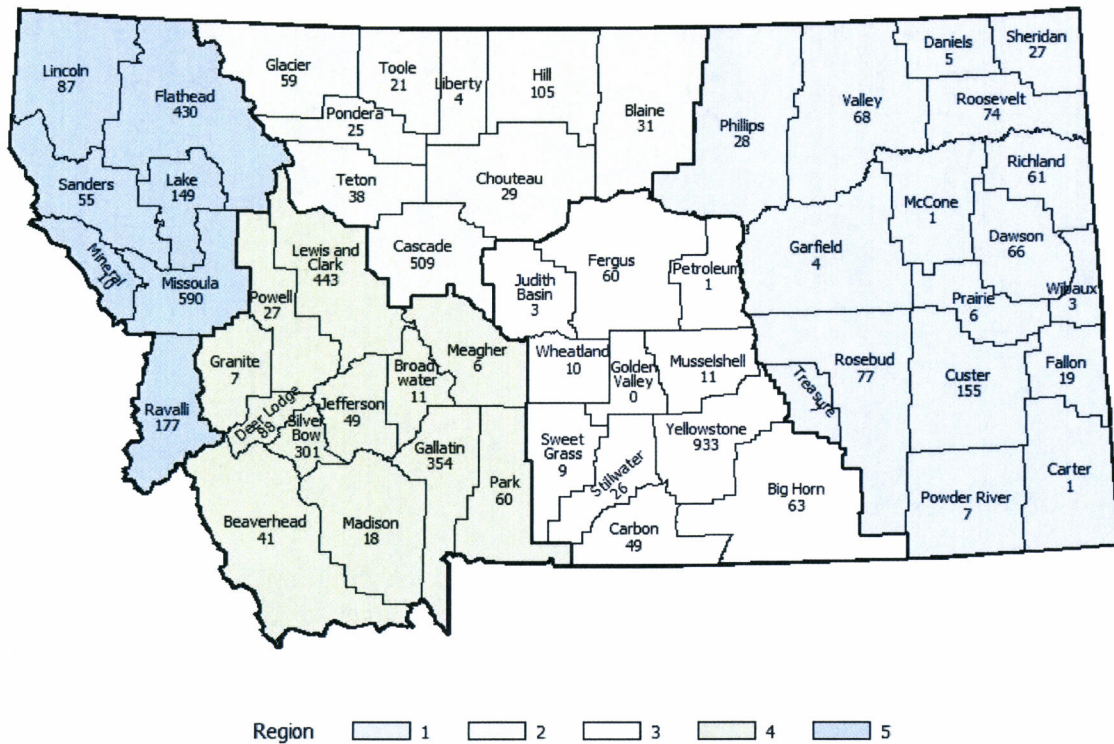
**Supported Employment Leadership** The Developmental Disabilities Program, in partnership with the Supported Employment Leadership Network committed to supporting individuals with Developmental Disabilities achieve their vision of community employment at or above minimum wage in integrated employment settings through Waiver definition change and employment first policy.

**Dual Diagnosis Training** The Developmental Disabilities Program, utilizing funding from the Mental Health Trust Fund, collaborated with the National Association of Dual Diagnosis and the Montana Council on Developmental Disabilities to provide, statewide, a series of trainings for stakeholders and law enforcement on working with individuals with severe and challenging behaviors.

**College of Direct Support (CDS) Training** The Developmental Disability Program, in conjunction with Elsevier, sponsored a two day training for state and provider staff designed to enhance the quality of care provided to individuals with Developmental Disabilities by direct care professionals.

**Statewide Autism Waiver Report** The Developmental Disabilities Program staff, in conjunction with University of Montana Professor, Ann Garfinkle, researched, analyzed and wrote a report documenting the effects of the Autism Services provided to Montana families for the first three years of the Autism Waiver, approved by The Centers for Medicare and Medicaid in 2009.

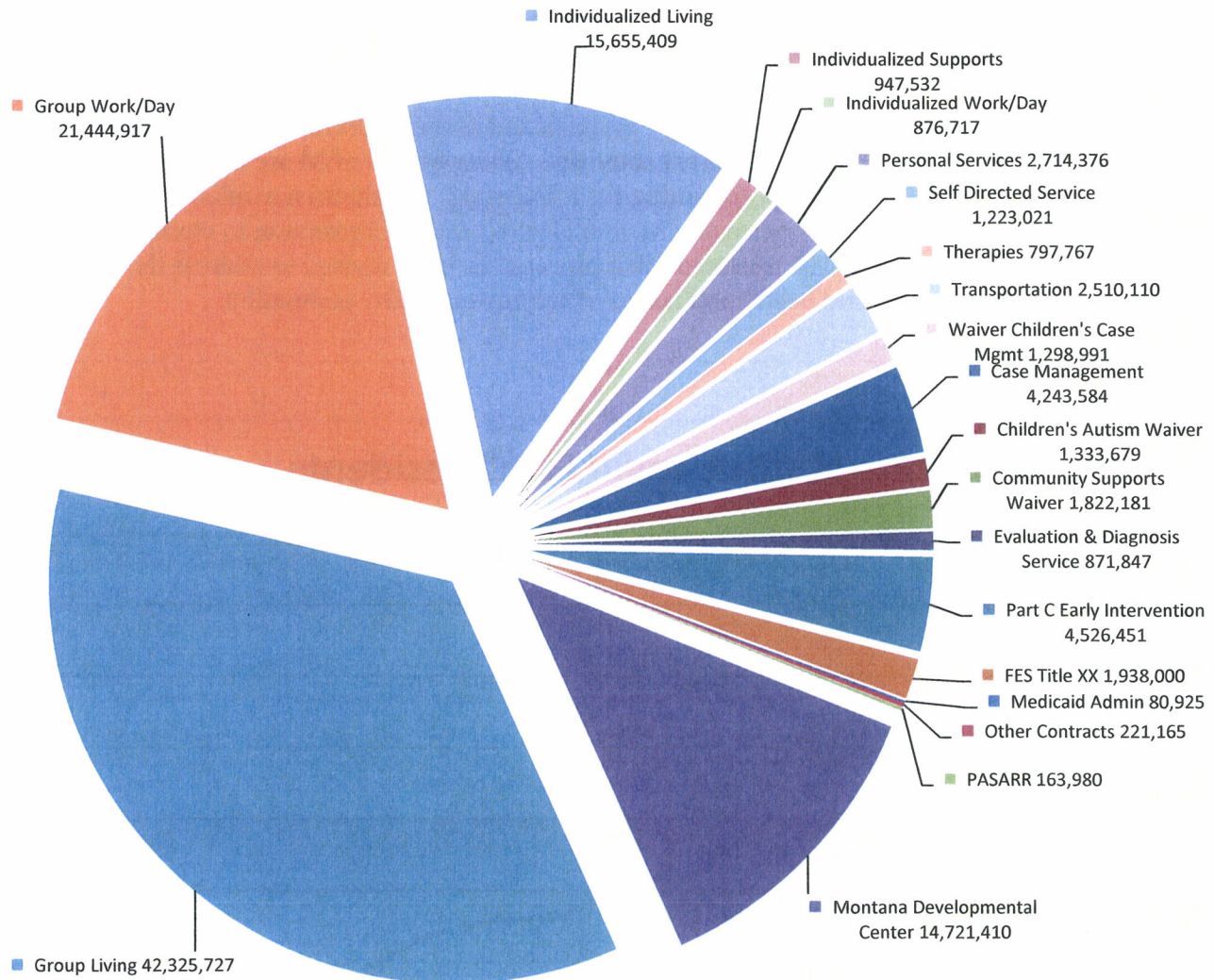
## DPHHS Developmental Disabilities Program FY2012 Number of People Served



As of 11/30/12, there were 1,100 people on the wait list for DD Waiver services.



# DDP/MDC FY 2012 Benefit Expenditures by Service Category (Total \$119,717,790 of state and federal funds)

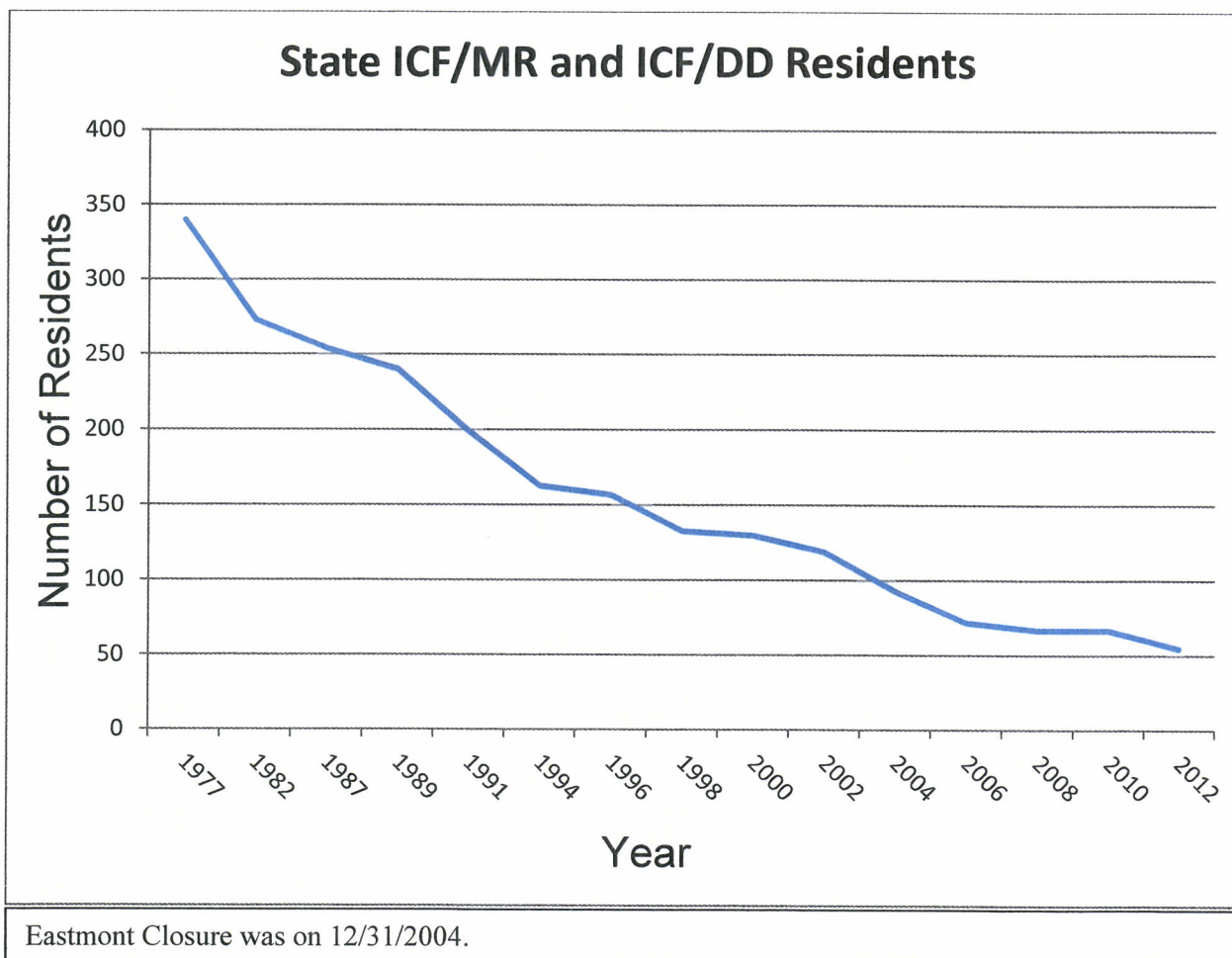


## Montana Developmental Center (MDC)

**Implementation of new Mission and structure** MDC has developed and is working to implement the mission of becoming a short term, intense treatment center. A Treatment Services line and Residential Services line have been put in place in order to increase integration of treatment services between the residential sections. Person-Centered Thinking training was conducted in May 2011 and merged with the Safe Haven/What Works model as the basis for staff engagement with the people served at MDC.

**Quality Management Plan established and implemented** MDC has brought in the former CMS surveyor for walk through evaluations in residences and treatment areas. Clinical oversight of abuse/neglect investigations has been established. Pre and post investigation processes have been established. Abuse prevention training curriculum has been developed and is being implemented. Additional training has been put in place for both management and direct care staff.

**Increased integration of Medical services** Physician and nursing services have been more fully integrated into the rest of the MDC treatment activities. Plans with U of M are underway to provide access to Mental Health Direct Support training for MDC staff. Psychiatrist availability at MDC has been more than tripled to address increasing Mental Health needs. Conversion to electronic medical records was initiated in 2011. The treatment plan process has been revised to address the psychiatric, developmental, and behavioral issues of the current MDC population.





## 2015 BIENNIUM GOALS AND OBJECTIVES

<b>Department of Public Health and Human Services Developmental Services Division</b>	
<b>Goals and Objectives for the 2015 Biennium Submitted September 2012</b>	
<b>Goal:</b> To continuously improve services that help Montanans with disabilities, including transitioning students, to live, work and fully participate in their communities.	
<b>Objective</b>	<b>Measures</b>
Continually work to maintain an effective system of community based services for persons with disabilities and children with serious emotional disturbance while emphasizing informed consumer choice.	DSD Medicaid increases opportunities for integrated employment, self-directed, and wraparound services.
<b>Objective</b>	<b>Measures</b>
Improve, strengthen and protect the well-being and self-reliance of individuals served at the Montana Developmental Center in an environment of respect and dignity.	The infrastructures of MDC and community based providers are continuously improved.
<b>Objective</b>	<b>Measures</b>
Increase the number of individuals in integrated employment and number of individuals self-directing their supports and services.	Services are provided to new individuals on the developmental disabilities waiting list, including those who are transitioning from school to adult life, as funding permits.

## DECISION PACKAGES (SEE LFD BUDGET ANALYSIS, Section B, page B 112 -119)

### PL 10102 - MDC Medical Inflation

- This present law adjustment is made to maintain existing prescription services at the Montana Developmental Center in the Developmental Services Division. The request is for \$12,771 in FY 2014 and \$19,445 in FY 2015. This service is funded with 100% general fund. LFD Budget Analysis page B-116.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 12,771	\$ -	\$	\$ 12,771
FY 2015	\$ 19,445	\$ -	\$	\$ 19,445
Biennium Total	\$ 32,216	\$ -	\$	\$ 32,216

### PL 10202 - Med Ben Waiver Services Caseload Dev Dis

- This present law adjustment for caseload growth in the Developmental Services Division covers the increase in the number of eligible people, utilization, acuity level, and cost per service for medical care. The request is for \$4,103,138 general fund and \$8,061,516 federal funds for FY 2014 and \$5,266,621 general fund and \$10,324,321 federal funds for FY 2015. LFD Budget Analysis page B-118.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 4,103,138	\$ -	\$ 8,061,516	\$ 12,164,654
FY 2015	\$ 5,266,621	\$ -	\$ 10,324,321	\$ 15,590,942
Biennium Total	\$ 9,369,759	\$ -	\$ 18,385,837	\$ 27,755,596

### PL 10203 - Med Ben Federal Only Caseload Dev Dis

- This present law adjustment for caseload growth in the Children's Mental Health program covers the increase in the number of eligible people, utilization, acuity level, and cost per service for mental health care. The request is for \$4,813,949 of federal funds in FY 2014 and \$7,580,458 of federal funds in FY 2015. LFD Budget Analysis page B-120.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$	\$ -	\$ 4,813,949	\$ 4,813,949
FY 2015	\$	\$ -	\$ 7,580,458	\$ 7,580,458
Biennium Total	\$	\$ -	\$ 12,394,407	\$ 12,394,407

**PL 10301 - Required Overtime/Holiday/Differential MDC**

- This present law adjustment is necessary to fund overtime, holidays worked, and differential pay and the corresponding benefits for the Montana Developmental Center. These personal services expenses are removed from the adjusted base when the program's positions are funded. The costs are ongoing expenses and are necessary to maintain current level funding. Funding of \$435,888 for FY 2014 and \$450,007 for FY 2015 is from the general fund. The total cost of the program does not change. LFD Budget Analysis page **B-116**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 435,888	\$ -	\$	\$ 435,888
FY 2015	\$ 450,007	\$ -	\$	\$ 450,007
Biennium Total	\$ 885,895	\$ -	\$	\$ 885,895

**PL 10401 - Med Ben Waiver FMAP Dev Dis**

- This present law adjustment is necessary to maintain existing services for the Medicaid Waiver programs in the Developmental Services Division. The request adjusts the base year expenses from the FY 2012 FMAP (federal medical assistance participation) rate to the FY 2014 rate of 33.73% state funds and 66.27% federal funds. The FY 2015 rate is 33.78% state funds and 66.22% federal funds. This decision package requests a general fund amount of \$146,700 for FY 2014 and \$194,135 for FY 2015, with offsetting federal fund reductions for each year. The total cost for the program does not change. LFD Budget Analysis page **B-117, B-118**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 146,700	\$ -	\$ (146,700)	\$ 0
FY 2015	\$ 194,135	\$ -	\$ (194,135)	\$ 0
Biennium Total	\$ 340,835	\$ -	\$ (340,835)	\$ 0

**PL 10402 - Med Ben Core FMAP Children's MH**

- This present law adjustment is necessary to maintain existing services for the Core Medicaid Services in the Developmental Services Division. The request adjusts the base year expenses from the FY 2012 FMAP (federal medical assistance participation) rate to the FY 2014 rate of 33.73% state funds and 66.27% federal funds. The FY 2015 rate is 33.78% state funds and 66.22% federal funds. This decision package requests a general fund reduction of \$32,976 for FY 2014 and a general fund increase of \$1,772 for FY 2015 with offsetting federal fund increases/reductions for each year. The total cost for the program does not change. LFD Budget Analysis page **B-111, B-117**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ (32,976)	\$ -	\$ 32,976	\$ 0
FY 2015	\$ 1,772	\$ -	\$ (1,772)	\$ 0
Biennium Total	\$ (31,204)	\$ -	\$ 31,204	\$ 0

### PL 10501 - Private Lease Adjustment

- This present law adjustment is for \$17,907 in FY 2014 and \$30,632 in FY 2015 to provide for lease expense adjustments for working space for employees in non-state owned buildings located throughout the state. This cost is funded with 36.62% general fund and 63.38% of federal for \$6,558 general fund and \$11,349 federal funds in FY 2014 and \$11,631 general fund and \$19,001 federal funds in FY 2015. LFD Budget Analysis page B-118.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 6,558	\$ -	\$ 11,349	\$ 17,907
FY 2015	\$ 11,631	\$ -	\$ 19,001	\$ 30,632
Biennium Total	\$ 18,189	\$ -	\$ 30,350	\$ 48,539

### NP 10208 – Children’s Mental Health Waiver as State Plan

- This new proposal is made to maintain existing services for the Children’s Mental Health (CMH) program in the Developmental Services Division. It is a request to make six modified FTE, who were originally approved for the CMH Waiver, become permanent FTEs to continue the work of providing the Waiver services as a Medicaid State Plan amendment.
- Four of the six positions are regional staff (Billings, Missoula, Kalispell and Great Falls), who triage the needs of high risk, multi-agency youth in their region, enrolling some in the new Montana ihome program, referring others to appropriate Medicaid services and/or additional resources, and monitoring the outcomes and compliance of providers offering services in their region. They frequently attend treatment team meetings, research and respond to complaints, and process requests for room and board funding.
- The other two positions support program development, one as a high fidelity wraparound process monitor, and the other as a professional development coordinator, who maintains certification information/plans and coordinates training in prioritized evidence-based practice models.
- The six positions will solidify efforts to establish wraparound as a state plan (1915i) a.k.a. ihome service. The structure, as developed in the home, provides services to seriously emotionally disturbed youth. It is a progressive family-centered, strength-based, evidence-based model. The division has a strong commitment to move forward with family-focused and evidence-based practices. The request for permanent FTE is key to this effort.
- The present law adjustment requests \$377,598 for FY14 with \$188,799 general fund and \$376,922 for FY15 with \$188,461 general fund. These services are funded with 50% general fund and 50% federal funds for both FY14 and SFY15. LFD Budget Analysis page B-112.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 188,799	\$ -	\$ 188,799	\$ 377,598
FY 2015	\$ 188,461	\$ -	\$ 188,461	\$ 376,922
Biennium Total	\$ 377,260	\$ -	\$ 377,260	\$ 754,520



### NP 10901 – DD Medicaid Provider Rate Increase

- This new proposal requests a 2% provider rate increase in each year of the biennium for the Developmental Disabilities Program Medicaid Core. The decision package requests \$5,730,172 in total funds. The biennial funding is \$1,934,331 in general fund and \$3,795,841 in federal funds. LFD Budget Analysis page **B-118**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 638,857	\$ -	\$ 1,258,551	\$ 1,897,408
FY 2015	\$ 1,295,474	\$ -	\$ 2,537,290	\$ 3,832,764
Biennium Total	\$ 1,934,331	\$ -	\$ 3,795,841	\$ 5,730,172

### NP 10902 – DDP Non-Medicaid Provider Rate Increase

- This new proposal requests a 2% provider rate increase each year of the biennium for the Developmental Disabilities Non-Medicaid. The biennial funding is \$265,590 in general fund. LFD Budget Analysis page **B-118**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 87,944	\$ -	\$	\$ 87,944
FY 2015	\$ 177,646	\$ -	\$	\$ 177,646
Biennium Total	\$ 265,590	\$ -	\$	\$ 265,590

### NP 10903 – PRI – CMH Medicaid Core

- This new proposal requests a 2% provider rate increase in each year of the biennium for the Children's Mental Health Medicaid Core. The decision package requests \$4,197,565 in total funds. The biennial funding is \$1,416,970 in general fund and \$2,780,595 in federal funds. LFD Budget Analysis page **B-113**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 467,987	\$ -	\$ 921,935	\$ 1,389,922
FY 2015	\$ 948,983	\$ -	\$ 1,858,660	\$ 2,807,643
Biennium Total	\$ 1,416,970	\$ -	\$ 2,780,595	\$ 4,197,565

**NP 10904 - CMH Non-Medicaid Provider Rate Increase**

- This new proposal requests a 2% provider rate increase each year of the biennium for the Children's Mental Health Non- Medicaid. The decision package requests \$60,043 in total funds. The biennial funding is \$60,043 in general fund. LFD Budget Analysis page **B-113**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$ 19,882	\$ -	\$	\$ 19,882
FY 2015	\$ 40,161	\$ -	\$	\$ 40,161
Biennium Total	\$ 60,043	\$ -	\$	\$ 60,043

**NP 10905 - CMH 100% Federal Medicaid Provider Rate Increase**

- This new proposal requests a 2% provider rate increase each year of the biennium for the Children's Mental Health 100% Federal Medicaid. The decision package requests \$1,413,376 in total funds. The biennial funding is \$1,413,376 in federal funds. LFD Budget Analysis page **B-121**.

Fiscal Year	General Fund	State Special	Federal Funds	Total Request
FY 2014	\$	\$ -	\$ 468,005	\$ 468,005
FY 2015	\$	\$ -	\$ 945,371	\$ 945,371
Biennium Total	\$	\$ -	\$ 1,413,376	\$ 1,413,376